

FORM 1AD

[Pursuant to section 17A
of the Companies Act, 1956]

Application for confirmation by Regional Director for change of registered office of the company within the state from the jurisdiction of one Registrar to the jurisdiction of another Registrar

Note - All fields marked in * are to be mandatorily filled.

1(a) *Corporate identity number (CIN) of company

(b) Global location number (GLN) of company

2(a). Name of the company

(b). Address of the registered office of the company

(c) *e-mail ID of the company

3. *Name of office of new Registrar of Companies (RoC) under whose jurisdiction the proposed registered office lies

4. *Reasons for change of place of registered office

5(a). *Service request number of Form 23 filed

(b). *Date of passing the special resolution

(DD/MM/YYYY)

(c). *Date of filing Form 23

(DD/MM/YYYY)

6. Number of members present at the meeting where the decision of shifting was taken and number of shares held by them

(i) *Number of members

(ii) *Number of shares held by them

7.(a) Number of the members who voted in favour of the proposal and number of shares held by them

(i) *Number of members

(ii) *Number of shares held by them

(b) Number of the members who voted against the proposal and number of shares held by them

(i) *Number of members

(ii) *Number of shares held by them

(c) Number of members who abstained from voting and number of shares held by them

(i) *Number of members

(ii) *Number of shares held by them

8. *Date of advertisement inviting objections in the newspaper (DD/MM/YYYY)

9. Details of objections, if any, received in response to the advertisement

10.* Whether any prosecution is pending against the company under the Companies Act Yes No

Attachments

- 1.*Copy of the minutes of meeting
- 2.*Copy of newspaper of the advertisement
3. Particulars of investor grievances
4. Any attachment to support the details of prosecution filed against the company and its officers in default, if any
5. Optional attachment(s) - if any

List of attachments

Verification

To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number * dated * (DD/MM/YYYY) to sign and submit this application.

To be digitally signed by

Managing director or director or manager or secretary of the company

*Designation

*Director identification number of the director or Managing Director; or Income-tax permanent account number (income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/her income-tax PAN)

For office use only:

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected